



# State of Utah

DEPARTMENT OF COMMERCE

Division of Corporations & Commercial Code

File Number \_\_\_\_\_

Non-Refundable Processing Fee:

[ ] Registration \$50.00

## Application for Authority to Transact Business

Exact Name of Foreign Limited Liability Company \_\_\_\_\_

1. This limited liability company of the state or country of \_\_\_\_\_, hereby applies for authority to transact business in the state of Utah.
2. Date of formation or organization \_\_\_\_\_ and duration period of \_\_\_\_\_.
3. The street address of the registered office in the State of Utah, and the name of the registered agent for service of process at the registered office, (the agent shall be a person residing or authorized to do business in the State of Utah). \*\*\*The signature of the authorized signer represents the irrevocable written consent of the foreign limited liability company that actions may be commenced against it in the proper court of any county where there is proper venue by the service of process on its registered agent, and if the agent has resigned, the agents authority has been revoked or the agent cannot be found, then on the director of the division, and stipulating and agreeing that this service shall be taken and held, in all courts, to be as valid and binding as if service had been made upon the members of the foreign limited liability company.

UTAH

Registered Agent Name	Street Address	City	Zip
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Signature of Registered Agent (Required) \_\_\_\_\_

4. Principal place of business:

Street Address	City	State	Zip
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5. The nature of the business or purpose(s) to be conducted or promoted in Utah \_\_\_\_\_

### 6. Clear indication of who is managing the company is required.

Is this foreign limited liability company manager-managed? \_\_\_\_ Yes, \_\_\_\_ No.

If **YES**, you must list the name and business or residence street address of each manager.

Name	Address	City/State	Zip
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MANAGER: \_\_\_\_\_

MANAGER: \_\_\_\_\_

Please list additional managers (if any) on an attachment

Is this foreign limited liability company member-managed? \_\_\_\_ Yes, \_\_\_\_ No.

If **YES**, you must list the name and business or residence street address of each member.

Name	Address	City/State	Zip
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MEMBER: \_\_\_\_\_

MEMBER: \_\_\_\_\_

Please list additional members (if any) on an attachment

If a foreign entity is a member or manager, you must list the home state where the entity is registered: \_\_\_\_\_

7. The date the limited liability company intends to first transact business in Utah: \_\_\_\_\_

8. A Certificate of Good Standing/Existence from the state of organization dated no earlier than ninety (90) days prior to filing with the Division is attached hereto.

9. The limited liability company shall use as its name in Utah: \_\_\_\_\_  
(The limited liability company shall use its name as set forth at the top of this form unless the name is not available for use in Utah.)

Under penalties of perjury, I declare as a manager or member with management authority of this limited liability company having authority to sign hereto, that this application for authority to transact business has been examined by me and is, to the best of my knowledge and belief, true, correct and complete.

By: \_\_\_\_\_

Limited Liability Company Authorized Signer Signature	Typed Name & Title
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**Mail In:** PO Box 146705  
Salt Lake City, UT 84114-6705  
**Walk In:** 160 East 300 South, Main Floor  
**Information Center:** (801) 530-4849  
**Toll Free:** (877) 526-3994 (within Utah)  
**Fax:** (801) 530-6438  
**Web Site:** <http://www.commerce.utah.gov>

Under GRAMA {63-2-201}, all registration information maintained by the Division is classified as public record. For confidentiality purposes, the business entity physical address may be provided rather than the residential or private address of any individual affiliated with the entity.